



Name : Mr. GODWIN SAMUEL S  
PID No. : MED122075635  
SID No. : 623019813  
Age / Sex : 30 Year(s) / Male  
Ref. Dr : MediWheel

Register On : 18/08/2023 9:24 AM  
Collection On : 18/08/2023 9:45 AM  
Report On : 18/08/2023 3:04 PM  
Printed On : 19/08/2023 3:54 PM  
Type : OP

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b>Absolute Basophil count</b> (Blood/Impedance Variation & Flow Cytometry)	0.02	10 <sup>3</sup> / $\mu$ l	< 0.2
<b>Platelet Count</b> (Blood/Impedance Variation)	220	10 <sup>3</sup> / $\mu$ l	150 - 450
<b>MPV</b> (Blood/Derived from Impedance)	08.19	fL	7.9 - 13.7
<b>PCT</b> (Automated Blood cell Counter)	0.18	%	0.18 - 0.28
<b>ESR (Erythrocyte Sedimentation Rate)</b> (Blood/Automated ESR analyser)	10	mm/hr	< 15

## BIOCHEMISTRY

<b>BUN / Creatinine Ratio</b>	14.9		
<b>Glucose Fasting (FBS)</b> (Plasma - F/GOD-PAP)	78.0	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

**INTERPRETATION:** Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

<b>Glucose, Fasting (Urine)</b> (Urine - F)	Negative	Negative
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<b>Glucose Postprandial (PPBS)</b> (Plasma - PP/GOD-PAP)	92.2	mg/dL	70 - 140
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### **INTERPRETATION:**

Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti-diabetic medication during treatment for Diabetes.

<b>Urine Glucose(PP-2 hours)</b> (Urine - PP)	Negative	Negative
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<b>Blood Urea Nitrogen (BUN)</b> (Serum/Urease UV / derived)	14.8	mg/dL	7.0 - 21
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<b>Creatinine</b> (Serum/Modified Jaffe)	0.99	mg/dL	0.9 - 1.3
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<b>Uric Acid</b> (Serum/Enzymatic)	4.8	mg/dL	3.5 - 7.2
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### Liver Function Test

<b>Bilirubin(Total)</b> (Serum)	0.40	mg/dL	0.1 - 1.2
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<b>Bilirubin(Direct)</b> (Serum/Diazotized Sulfanilic Acid)	0.15	mg/dL	0.0 - 0.3
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<b>Bilirubin(Indirect)</b> (Serum/Derived)	0.25	mg/dL	0.1 - 1.0
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<b>SGOT/AST (Aspartate Aminotransferase)</b> (Serum/Modified IFCC)	<b>57.0</b>	U/L	5 - 40
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<b>SGPT/ALT (Alanine Aminotransferase)</b> (Serum)	27.5	U/L	5 - 41
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<b>GGT(Gamma Glutamyl Transpeptidase)</b> (Serum/IFCC / Kinetic)	17.3	U/L	< 55
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Dr. R. Lavanya MD  
Consultant - Pathologist  
Reg No: 90632

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<b>Alkaline Phosphatase (SAP)</b> (Serum/Modified IFCC)	76.1	U/L	53 - 128
<b>Total Protein</b> (Serum/Biuret)	7.40	gm/dL	6.0 - 8.0
<b>Albumin</b> (Serum/Bromocresol green)	3.9	gm/dL	3.5 - 5.2
<b>Globulin</b> (Serum/Derived)	3.50	gm/dL	2.3 - 3.6
<b>A : G RATIO</b> (Serum/Derived)	1.11		1.1 - 2.2
<b><u>Lipid Profile</u></b>			
<b>Cholesterol Total</b> (Serum/CHOD-PAP with ATCS)	182.0	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
<b>Triglycerides</b> (Serum/GPO-PAP with ATCS)	80.5	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

**INTERPRETATION:** The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the `usual` circulating level of triglycerides during most part of the day.

<b>HDL Cholesterol</b> (Serum/Immunoinhibition)	<b>34.4</b>	mg/dL	Optimal(Negative Risk Factor): >= 80 Borderline: 40 - 59 High Risk: < 40
<b>LDL Cholesterol</b> (Serum/Calculated)	<b>131.5</b>	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
<b>VLDL Cholesterol</b> (Serum/Calculated)	16.1	mg/dL	< 30
<b>Non HDL Cholesterol</b> (Serum/Calculated)	147.6	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

**INTERPRETATION:** 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol.  
2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.



*R.L.*  
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<b>Total Cholesterol/HDL Cholesterol Ratio</b> (Serum/Calculated)	5.3		Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
<b>Triglyceride/HDL Cholesterol Ratio</b> <b>(TG/HDL)</b> (Serum/Calculated)	2.3		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
<b>LDL/HDL Cholesterol Ratio</b> (Serum/ Calculated)	3.8		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
<b><u>Glycosylated Haemoglobin (HbA1c)</u></b>			
<b>HbA1C</b> (Whole Blood/Ion exchange HPLC by D10)	5.0	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5

**INTERPRETATION:** If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

**Estimated Average Glucose** (Whole Blood) 96.8 mg/dL

**INTERPRETATION: Comments**

HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations. Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values. Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.

**IMMUNOASSAY**

**THYROID PROFILE / TFT**

<b>T3 (Triiodothyronine) - Total</b> (Serum/ Chemiluminescent Immunometric Assay (CLIA))	1.06	ng/mL	0.7 - 2.04
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**INTERPRETATION:**

**Comment :**

Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.


<b>T4 (Tyroxine) - Total</b> (Serum/ Chemiluminescent Immunometric Assay (CLIA))	11.12	µg/dL	4.2 - 12.0
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**INTERPRETATION:**

**Comment :**

Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.



  
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TSH (Thyroid Stimulating Hormone) (Serum /Chemiluminescent Immunometric Assay (CLIA))	1.54	µIU/mL	0.35 - 5.50
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**INTERPRETATION:**

Reference range for cord blood - upto 20

1 st trimester: 0.1-2.5

2 nd trimester 0.2-3.0

3 rd trimester : 0.3-3.0

(Indian Thyroid Society Guidelines)

**Comment :**

1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.

2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM.The variation can be of the order of 50%,hence time of the day has influence on the measured serum TSH concentrations.

3.Values&amp;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.


## CLINICAL PATHOLOGY

### Urine Analysis - Routine

Colour (Urine)	Pale yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Protein (Urine)	Negative		Negative
Glucose (Urine)	Negative		Negative
Pus Cells (Urine)	2-3	/hpf	NIL
Epithelial Cells (Urine)	1-2	/hpf	NIL
RBCs (Urine)	Nil	/hpf	NIL

-- End of Report --



  
Dr.R.Lavanya MD  
Consultant - Pathologist  
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Age & Gender	30Y/MALE	Visit Date	18 Aug 2023
Ref Doctor Name	MediWheel		

Thanks for your reference

ECHOCARDIOGRAM WITH COLOUR DOPPLER:

LVID d ... 5.1 cm  
LVID s ... 3.3 cm  
EF ... 64 %  
IVS d ... 0.9 cm  
IVS s ... 0.7 cm  
LVPW d ... 0.6 cm  
LVPW s ... 0.9 cm  
LA ... 3.2 cm  
AO ... 3.7 cm  
TAPSE ... 26 mm  
IVC ... 0.8 cm

Left ventricle, Left atrium normal.

Right ventricle, Right atrium normal.

No regional wall motion abnormality present.

Mitral valve, Aortic valve, Tricuspid valve & Pulmonary valve normal.

Aorta normal.

Inter atrial septum intact.

Inter ventricular septum intact.

No pericardial effusion.

Doppler:

Mitral valve : E: 0.72 m/s      A: 0.55 m/s  
E/A Ratio: 1.30      E/E: 11.04

Name	MR.GODWIN SAMUEL S	ID	MED122075635
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Aortic valve: AV Jet velocity:1.06 m/s

Tricuspid valve: TV Jet velocity:2.86 m/s

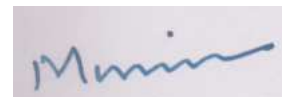
TRPG:32.61

mmHg.

Pulmonary valve: PV Jet velocity: 1.10 m/s

IMPRESSION:

1. Normal chambers& Valves.
2. No regional wall motion abnormality present.
3. Normal LV systolic function.
4. Pericardial effusion - Nil.
5. No pulmonary artery hypertension.



Dr. S.MANIKANDANMD.DM.(Cardio)  
Cardiologist

Name	MR.GODWIN SAMUEL S	ID	MED122075635
Age & Gender	30Y/MALE	Visit Date	18 Aug 2023
Ref Doctor Name	MediWheel		

Thanks for your reference

## SONOGRAM REPORT

### WHOLE ABDOMEN

**Liver:** The liver is normal in size and shows uniform echotexture with no focal abnormality. There is no intra or extra hepatic biliary ductal dilatation.

**Gallbladder** The gall bladder is well distended with no demonstrable calculus.

**Pancreas** The pancreas shows a normal configuration and echotexture.  
The pancreatic duct is normal.

**Spleen** The spleen is normal.

**Kidneys** The right kidney measures 10.1 x 4.0 cm. Normal architecture.  
The collecting system is not dilated.  
The left kidney measures 9.9 x 4.8 cm. Normal architecture.

**Urinary bladder:** The urinary bladder is smooth walled and uniformly transonic.  
The collecting system is not dilated.  
There is no intravesical mass or calculus.

**Prostate:** The prostate measures 4.0 x 3.2 x 2.9 cm and is normal sized.



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Corresponds to a weight of about 20.56 gms.  
The echotexture is homogeneous.  
The seminal vesicles are normal.

RIF: No mass or fluid collection is seen in the right iliac fossa.  
The appendix is not visualized.  
There is no free or loculated peritoneal fluid.  
No para aortic lymphadenopathy is seen.  
Imaging restricted due to obscuring bowel gas.

#### IMPRESSION

➤ No significant abnormality.

DR.T.ANNIE STALIN MBBS.,F.USG.,  
SONOLOGIST.

# MEDICAL EXAMINATION REPORT

Name Godwin Samuel S Gender  M  F Date of Birth 26/03/1993  
 Position Selected For  Identification marks

**A. HISTORY:**

1. Do you have, or are you being treated for, any of the following conditions? (please tick all that apply)?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Anxiety                        | <input type="checkbox"/> Cancer  | <input type="checkbox"/> High Blood Pressure                        |
| <input type="checkbox"/> Arthritis                      | <input type="checkbox"/> Depression/ bipolar disorder  | <input type="checkbox"/> High Cholesterol                           |
| <input type="checkbox"/> Asthama, Bronchitis, Emphysema | <input type="checkbox"/> Diabetes  | <input type="checkbox"/> Migraine Headaches                         |
| <input type="checkbox"/> Back or spinal problems        | <input type="checkbox"/> Heart Disease   | <input type="checkbox"/> Sinusitis or Allergic Rhinitis (Hay Fever) |
| <input type="checkbox"/> Epilepsy                       | <input type="checkbox"/> Any other serious problem for which you are receiving medical attention |   |

2. List the medications taken Regularly.

3. List allergies to any known medications or chemicals

4. Alcohol : Yes  No  Occasional

5. Smoking : Yes  No  Quit (more than 3 years)

6. Respiratory Function :

- a. Do you become unusually short of breath while walking fast or taking stair - case? Yes  No
- b. Do you usually cough a lot first thing in morning? Yes  No
- c. Have you vomited or coughed out blood? Yes  No

7. Cardiovascular Function & Physical Activity :

- a. Exercise Type: (Select 1)
- No Activity
  - Very Light Activity (Seated At Desk, Standing)
  - Light Activity (Walking on level surface, house cleaning)
  - Moderate Activity (Brisk walking, dancing, weeding)
  - Vigorous Activity (Soccer, Running)

b. Exercise Frequency: Regular (less than 3 days/ week) / Irregular (more than 3 days/ Week)

c. Do you feel pain in chest when engaging in physical activity? Yes  No

8. Hearing :

- a. Do you have history of hearing troubles? Yes  No
- b. Do you experiences ringing in your ears? Yes  No
- c. Do you experience discharge from your ears? Yes  No
- d. Have you ever been diagnosed with industrial deafness? Yes  No

9. Musculo - Skeletal History

- |                                   |  |                              |  |
|-----------------------------------|--|------------------------------|--|
| a. Neck :                         | Have you ever injured or experienced pain? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| b. Back :                         | If Yes ; approximate date (MM/YYYY)        | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| c. Shoulder, Elbow, Wrists, Hands | Consulted a medical professional ?         | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| d. Hips, Knees, Ankles, Legs      | Resulted in time of work?                  | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|                                   | Surgery Required ?                         | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|                                   | Ongoing Problems ?                         | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

**10. Function History**

- a. Do you have pain or discomfort when lifting or handling heavy objects? Yes  No
- b. Do you have knee pain when squatting or kneeling? Yes  No
- c. Do you have back pain when forwarding or twisting? Yes  No
- d. Do you have pain or difficulty when lifting objects above your shoulder height? Yes  No
- e. Do you have pain when doing any of the following for prolonged periods (Please circle appropriate response)
  - Walking : Yes  No
  - Kneeling : Yes  No
  - Squatting : Yes  No
  - Climbing : Yes  No
  - Sitting : Yes  No
  - Standing : Yes  No
  - Bending : Yes  No
- f. Do you have pain when working with hand tools? Yes  No
- g. Do you experience any difficulty operating machinery? Yes  No
- h. Do you have difficulty operating computer instrument? Yes  No

**B. CLINICAL EXAMINATION**

*Chart - 38*  
*HIP - 37*  
*Pulse 63*

a. Height  b. Weight  Blood Pressure

Chest measurements: a. Normal  b. Expanded

Waist Circumference

Skin

Vision

Circulatory System

Gastro-intestinal System

Ear, Nose & Throat

Respiratory System

Nervous System

Genito-urinary System

Colour Vision

Discuss Particulars of Section B :-

**C. REMARKS OF PATHOLOGICAL TESTS**

Chest X-ray  ECG

Complete Blood Count  Urine routine

Serum cholesterol  Blood sugar

Blood Group  S.Creatinine

**D. CONCLUSION**

Any further investigations required

Any precautions suggested

**E. FITNESS CERTIFICATION**

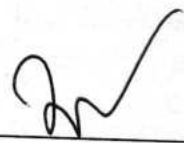
Certified that the above named recruit does not appear to be suffering from any disease communicable or otherwise, constitutional weakness or bodily infirmity except \_\_\_\_\_

\_\_\_\_\_ . I do not consider this as disqualification for employment in the Company. S

Candidate is free from Contagious/Communicable disease

Date : 18.08.23

*S. S. Godwin Samuel*

  
Signature of Medical Adviser

**Dr. S. MANIKANDAN, M.D., D.M. (Gen)**  
Reg. No: 61785, Consultant Cardiologist  
Medall Diagnostic

Dr. Abiramasundari D.  
 Dr. Adarsh S Naik  
 Dr. Ajay R Kaushik  
 Dr. Andrea Jose  
 Dr. Archana Terasa P.  
 Dr. Ashraya Nayaka T.E  
 Dr. Ashwin Segi  
 Dr. Chandra Shekar C.S.  
 Dr. Chitra Ramamurthy  
 Dr. Gautam Kukadia  
 Dr. Gitansha Shreyas Sachdev  
 Dr. Gopal R.  
 Dr. Gopinathan G.S  
 Dr. Hemanth Murthy  
 Dr. Hemamalini  
 Dr. Iris  
 Dr. Jatinder Singh  
 Dr. Jezeela K.  
 Dr. Krishnan R.  
 Dr. Maimunnisa M.  
 Dr. Manjula  
 Dr. Mohamed Faizal S.  
 Dr. Mohd Shahbaaz  
 Dr. Mugdha Kumar  
 Dr. Muralidhar R.  
 Dr. Muralidhar N.S.  
 Dr. Nagesh  
 Dr. Naveen P.  
 Dr. Neha Prakash Zanjali  
 Dr. Neha Rathi Kamal  
 Dr. Nihaal Ahmed F.D.  
 Dr. Patil Sandip Dattatray  
 Dr. Pranesh Ravi  
 Dr. Praveen Muraly  
 Dr. Preethi  
 Dr. Priyanka R.  
 Dr. Priyanka Shyam  
 Dr. Priyanka Singh  
 Dr. Raline Solomon  
 Dr. Ramamurthy D.  
 Dr. Rashmita Kukadia  
 Dr. Rathinasamy V.  
 Dr. Ravi J.  
 Dr. Rifky Kamil K.  
 Dr. Romit Saliyan  
 Dr. Sagar Basu  
 Dr. Sahana Manish  
 Dr. Sakthi Rajeswari N.  
 Dr. Sethukkarasi  
 Dr. Sharmila M.  
 Dr. Shreesh Kumar K.  
 Dr. Shreyas Ramamurthy  
 Dr. Smitha Sharma  
 Dr. Soundarya B.  
 Dr. Srinivas Rao V.K.  
 Dr. Sumanth  
 Dr. Swathi Baliga  
 Dr. Tamilarasi S.  
 Dr. Thenarasun S.A.  
 Dr. Umesh Krishna  
 Dr. Uma M.  
 Dr. Vaishnavi M.  
 Dr. Vamsi K.  
 Dr. Vidhya N.  
 Dr. Vijay Kumar S.  
 Dr. Visalatchi



# THE EYE FOUNDATION

SUPER SPECIALITY EYE HOSPITALS

City Shopping Centre, Kokkirakulam, Trivandrum Road, Tirunelveli - 627 003.

Tel : 0462 435 6655 / 6622

E-mail : tirunelveli@theeyefoundation.com Website : www.theeyefoundation.com

H.O : D.B. Road, Coimbatore - 641 002.



Date: 18/08/2023

## Eye Fitness Certificate

This is to certify that Mr/Mrs/Ms Govind Sannur S Age 30 yr.

Male/Female, our MRNO 13034772

	OD	OS
Visual Acuity	<u>6/6</u>	<u>6/6</u>
Near Vision	<u>NG</u>	<u>NG</u>
Colour Vision	<u>Normal</u>	<u>Normal</u>
B.S.V	<u>Normal</u>	<u>Normal</u>
Central Fields	<u>Normal</u>	<u>Normal</u>
Anterior Segment	<u>Normal</u>	<u>Normal</u>
Fundus	<u>Normal</u>	<u>Normal</u>

Fit with glasses	<u>-</u>
Fit without glasses	<u>✓</u>
unfit	<u>-</u>

Dr. Patil  
 Medical Consultant,  
 The Eye Foundation,  
 Tirunelveli.

**Dr. PATIL SANDIP DATTATRAY**  
 MBBS, M.S. (OPHTHAL)  
 REG. No : G 59864  
 THE EYE FOUNDATION  
 TIRUNELVELI.

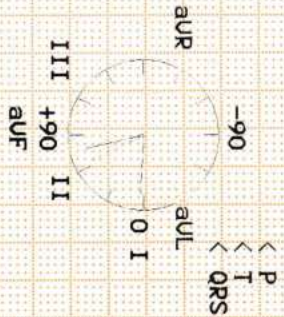
BRANCHES : Tirupur, Bengaluru - Bellandur & Chamrajpet, Kochi, Ooty, Mettupalayam,  
 Sungam - CBE, Erode, Pollachi, Salem, Malappuram, Tirunelveli, Madurai, Trichy

HR 49 bpm

AGE:

Measurement Results:

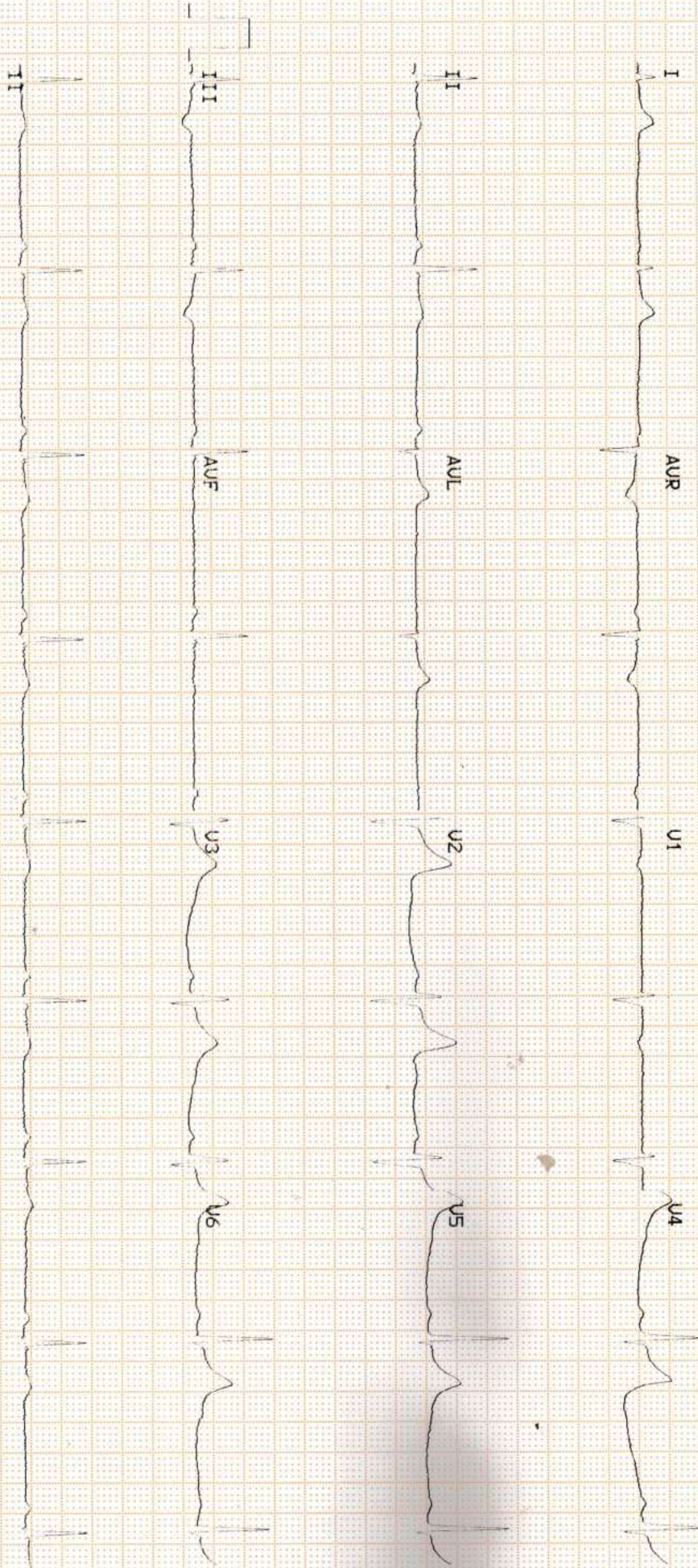
QRS : 94 ms  
 QT/QTcB : 448 / 404 ms  
 PR : 166 ms  
 P : 106 ms  
 RR/PP : 1204 / 1220 ms  
 P/QRS/T : 64 / 76 / 4 degrees

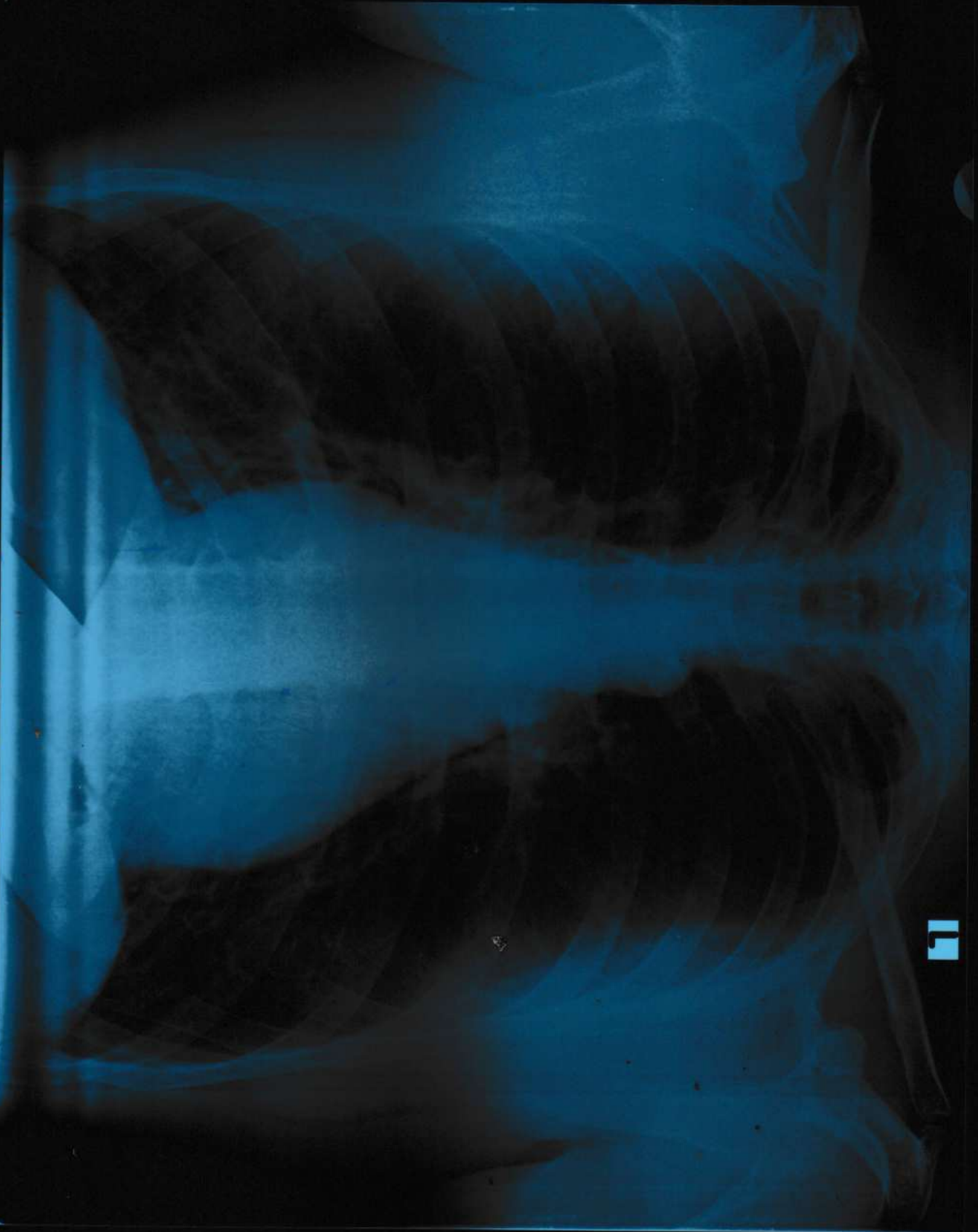


Interpretation:  
 12SL - Interpretation:  
 Marked sinus bradycardia  
 Normal ECG

*[Handwritten signature]*

Unconfirmed report.





L

GODWIN SAMUEL S 30 M MED122075635 TEN90261263844 M RT 8/18/2023

**MEDALL DIAGNOSTICS**

Name	Mr. GODWIN SAMUEL S	Customer ID	MED122075635
Age & Gender	30Y/M	Visit Date	Aug 18 2023 9:24AM
Ref Doctor	MediWheel		

**X - RAY CHEST PA VIEW**

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

***Impression: No significant abnormality detected.***



**Dr. Anitha Adarsh**  
**Consultant Radiologist**